

Student Name	gwid G				
	First Name	Last Name			
GW Email	@gwmail.gwu.edu				
Degree		_ OR (Certificate Program		
Students may request that a graduate course that is not currently approved by their program be considered for application towards their degree requirements. Students completing this form should explain how the requested course fulfills the requirement(s) for their program.					
Please note: A maximum of 6 credits of graduate coursework may be approved for application to the School of Business from enrollment at GWU in non-degree status or from another degree-granting school of this University; or as transfer credit (see transfer credit policy) from a regionally accredited college or university.					
 The course must meet the following criteria: Graduate-level and credit-bearing Not have been applied to the completion of requirements for another degree Completed within three years prior to matriculation, if applicable Received a grade of B or better 					
Course Name			Course Numl	oer	
Semester/Term	Year	Cre	edits Grade		
Please explain how the course above fulfills the requirement(s) for general elective credit:					
☐ Syllabus Attach	ned (required)				
Please sign and re	turn this form to your academic advisor.				
Student Signature			Date		
DO NOT WRITE BELOW THIS LINE - FOR UNIVERSITY OFFICIAL USE ONLY					
Program Signature Signature and Date				☐ Approve	□ Deny

Comments: